

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

Request for Proposal - Negotiation
PROFESSIONAL SERVICES

To: Date: June 27, 2018
..... RFP-023-C-2018 (Professional)

Pursuant to 31 V. I. C. § 239 (a) (4) and the Rules and Regulations thereunder issued, the Government of the Virgin Islands, Property and Procurement, will receive proposals for the work described below. Proposals will be received until **Thursday, July 26, 2018 at 4:00 P.M.**

DESCRIPTION OF WORK

The Government of the Virgin Islands, Department of Property and Procurement is requesting proposals from qualified contractors for the following services: **RFP-023-C-2018 (P) to provide Epidemiological Consultant for the U.S. Virgin Islands**

SCOPE OF SERVICES: SEE ATTACHED

NEGOTIATED PROCEDURES:

The Commissioner of the Department of Property and Procurement will appoint a Selection Committee to assist in the evaluation and selection of the Contractor. Accordingly, current data on qualifications and performance should be submitted with proposals. After reviewing the qualifications and proposals, the Committee will select for discussions from the firm/s or person/s considered not less than three (3), in order of preference, **deemed to be the most highly qualified to provide the services herein required.** Discussions will be conducted successively and severally with the firms or persons so selected regarding the anticipated concepts and the relative utility of alternative methods of approach for furnishing the services hereunder.

FACTORS FOR DISCUSSIONS:

Selection criteria will include (i.) Professional qualifications, registration and general reputation of the principals of the firm; (ii) the extent to which the firm or person specialized in or has designed project of a type and scope similar to that hereunder; (iii) familiarity with the area in which the project is to be located; (iv) capability of meeting schedules; and (v) quality of performances on other projects.

NEGOTIATION:

The Selection Committee shall recommend to the Commissioner **the highest qualified firm or persons with whom a contract shall be negotiated.** The Commissioner, with the assistance of the Selection Committee shall negotiate a contract with such firm or person.

Should the Commissioner be unable to negotiate a satisfactory contract with the firm considered to be the most qualified, at a price he determines to be fair and reasonable to the Government, negotiations with that firm will be formally terminated? Negotiations will then be commenced with the second most qualified, the third most qualified or additional firms, in order of preference and their competence and qualification, and shall continue until an agreement is reached.

Lloyd T. Bough Jr.
Commissioner
Property and Procurement

INSTRUCTION TO PROPOSERS

A. NOTICE

This project is for, the following services: **RFP-023-C-2018 (P) to provide Epidemiological Consultant for the U.S. Virgin Islands.**

Information provided in the scope of work is to be used only for purposes of preparing a proposal. It is further expected that each bidder will read the scope of work with care, for failure to meet certain specified conditions may invalidate the proposal.

The Government of the Virgin Islands, hereinafter referred to as GVI, reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to GVI. Price shall not be the sole criterion of awarding this project. Scope and quality of work proposed and the ability of the bidder to complete this type of project shall be considered.

Applicants are requested to submit proposals based on the scope of work. Alternative proposals recommending new features and technology other than that requested in the scope of work will receive consideration providing such new features and/or technology is clearly explained. Any exceptions to the requirements requested herein must be clearly noted in writing and be included as part of the proposal.

The information contained herein is believed to be accurate, but is not to be considered in any way as a warranty. Request for additional information clarifying the Scope of Work should be directed in writing to **Deputy Commissioner of Procurement, Dynell R. Williams at Dynell.williams@dpp.vi.gov.**

B. STATEMENT OF PURPOSE

This project has been addressed to assist the Government of the Virgin Islands in meeting The need for the following services: **RFP-022-C-2018 (P) to provide Epidemiological Consultant for the U.S. Virgin Islands.**

C. PROPOSED SCOPE OF WORK

SEE ATTACHED

D. TIMETABLE.

1. Proposals will be accepted at the Department of Property and Procurement, no later than **Thursday, July 26, 2018 at 4:00 P.M.**
2. Last Day for request for written clarification question will be: **Thursday, July 12, 2018 at 4:00 P.M.**

E. SUBMISSION OF PROPOSAL

All interested parties shall submit five (5) sets of proposals (one (1) original and four (4) copies), which are to be delivered to the Department of Property and Procurement during normal business hours, no later than Thursday, July 26, 2018 at 4:00 P.M.

They shall be addressed to:

Lloyd T. Bough Jr.
Commissioner
Department of Property and Procurement
#3274 Estate Richmond, Christiansted
St. Croix, U.S. Virgin Islands 00820-4200

The sealed envelope containing the proposal must have the following information written on the outside of the envelope:

SEALED PROPOSALS - DO NOT OPEN

RFP-023-C-2018(P)

(Name of Offeror)

(Mailing Address of Offeror)

(Telephone Number of Offeror)

(Fax Number of Offeror)

Where proposals are sent by mail, the bidder shall be responsible for their delivery to the Department of Property and Procurement before the date and time set for the closing of acceptance of proposals.

F. WITHDRAWALS OF PROPOSAL

A proposal may be withdrawn at any time prior to the time specified as the closing time for acceptance of proposals. However, no proposal shall be withdrawn or canceled for a period of thirty (30) days after said closing time for acceptance of proposals nor shall the successful provider withdraw or cancel or modify his proposal, except at the request of GVI after having been notified that said proposal has been accepted by GVI.

G. INTERPRETATION OF SPECIFICATIONS

If any person contemplating submitting a proposal requires clarification of any part of the scope of work, he/she may submit to the GVI a written request for an interpretation thereof to the **Deputy Commissioner of Procurement, Dynell R. Williams**. GVI will not respond to questions received after the above-established date. The person submitting the request will be responsible for its prompt delivery. Any interpretation of the scope of work will be made in writing to all prospective providers. Oral explanations will not be binding.

H. CONSIDERATION OF PROPOSAL

The Commissioner of Property and Procurement shall represent and act for GVI in all matters pertaining to the scope of work and contract in conjunction therewith. **This RFP does not commit GVI to the award of a contract, nor pay any cost incurred in the preparation and submission of proposals in anticipation of a contract. GVI reserves the right to reject any or all proposals and to disregard any informality and/or irregularity in the proposal when, in its opinion, the best interest of GVI will be served by such action.** Proposals failing to provide some of the items in the scope of work shall not be rejected per se, but any deviations from the scope must be clearly noted.

I. ACCEPTANCE OF PROPOSALS

GVI will notify in writing acceptance of one of the proposals. Failure to provide any supplementary documentation to comply with the vendor's proposal may be grounds for disqualification.

4.02 Scoring of Applications

A maximum of 100 points may be awarded to each application. A minimum average score of 60 or greater is required for the application to be considered for funding. Applications scoring less than the minimum average score will be rejected.

Accepted applications will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFP objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully complete the project within the proposed schedule. This judgment will be based upon factors such as budget, project management plan and availability of staff.

Points will be assigned for each item listed as follows:

- a. Applicant's application or capability is exceptional and exceeds expectations for this criterion.
- b. Applicant's application or capability is superior and slightly exceeds expectations for this criterion.
- c. Applicant's application or capability is satisfactory and meets expectations for this criterion.
- d. Applicant's application or capability is unsatisfactory and contains numerous deficiencies for this criterion.
- e. Applicant's application or capability is not acceptable or applicable for this criterion.

The maximum points to be awarded for each application section are as follows:

Selection Criteria Table

<u>Application Form</u>	<u>Page Limit</u>	<u>Points</u>
Cover Page/ General Information	1	0
Table of Contents	1	0
Business Organization Information	1-2	5
Project Abstract	1	10
Community Needs Assessment	2-4	30
Budget	1-2	10
Epidemiology (Work group Development & Maintenance, Data Collection, Data Analysis, Data Sources	2-4	45

J. CONTENTS OF PROPOSAL

The following is a list of information to be included in the written proposal. Failure to comply with all the requirements as outlined may disqualify the applicant.

1. Introductory letter about the applicant:
 - a. Firm Name, address, fax and telephone
 - b. Type of service for which Firm is qualified.

2. Organization:
 - a. Names of Principals of Firm
 - b. Names of key personnel with experience of each and length of time in organization.
 - c. Number of staff available for assignment. (Local & Off-Territory)
 - d. Copy of Article of Incorporation
 - e. Copy of Certificate of Resolution
 - f. Copy of Valid Business License
 - g. Copy of Certificate of Good Standing
 - h. Epidemiological Experience
 - i. Duns Number
 - j. Any Pending or Threatened Litigation or Investigation
3. Outside consultants that will be retained for this project and percentage of work to be sub-contracted.
4. Project experience:
 - a. List of completed projects of similar type and estimated cost of each.
 - b. Current projects underway; scope; percentage completed to date and estimated cost of each.
5. Project References: (including a notarized written consent from the authorized representative which must include: name; telephone number; email address and facsimile number).
6. Project Approach:
 - a. Describe how you will approach this project and availability to perform the services requested.
7. **Cost:** The Cost Proposal must be submitted in a separate sealed envelope.

K. CONFLICT OF INTEREST

A bidder filing a proposal hereby certifies that no officer, agent or employee of GVI has a pecuniary interest in this proposal or has participated in contract negotiations on behalf of GVI; that the proposal is made in good faith without fraud, collusion, or connection of any kind with any other Bidder for the same request for proposals; the Bidder is competing solely in its own behalf without connection, with, or obligation to, any undisclosed person or firm.

L. LICENSE REQUIREMENT

An award will not be made to any firm or individual doing business in the Virgin Islands to perform work with the Government of the Virgin Islands until evidence is submitted that the said firm or individual has a valid V. I. Business License to do similar business in the Virgin Islands. Bidders must submit hard copy of a valid V. I. Business license within ten (10) working days after award.

All Bidders bidding as Joint Ventures that do business in the Virgin Islands must be licensed as a Joint Venture in the Virgin Islands.

M. REQUIRED DOCUMENTS

1. PUBLIC LIABILITY: The successful bidder will be required to obtain and have in place public liability insurance and other insurance necessary as requested in this proposal package. Insurance policy(ies) shall name the Government of the Virgin Islands as “**Additional insured.**” The public liability insurance shall have a minimum limit of not less than **one hundred thousand (\$100,000.00) dollars** for any one occurrence for death or personal injury and **one hundred thousand (\$100,000.00) dollars** for any one occurrence for property damage. Offeror must provide public liability insurance with ten (10) working days after award.
2. WORKERS’ COMPENSATION: Within ten (10) working days after award of project the successful offeror must submit a copy of their certificate providing that his firm and his agents are covered by Workers Compensation Employee’s Liability.

FAILURE TO PROVIDE THE CERTIFICATES WITHIN THE STATED TIME PERIOD MAY RESULT IN THE PROPOSAL DEEMED AS NON-RESPONSIVE AND MAY BE IMMEDIATELY DISQUALIFIED WITH NO FURTHER CONSIDERATION GIVEN FOR POTENTIAL AWARDING OF THE CONTRACT.

N. REQUIREMENTS FOR CORPORATIONS:

1. ARTICLES OF INCORPORATION
2. CERTIFICATE OF CORPORATE RESOLUTION
3. CERTIFICATE OF GOOD STANDING

THESE WILL BE REQUIRED PRIOR TO AWARD OF CONTRACT.

**UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH
Division of Mental Health, Alcoholism and Drug
Dependency Services (DHMADDs)**



Request for Proposals (RFP)

**The Virgin Islands Substance Abuse
Prevention Project**

Strategic Prevention Framework Partnerships for Success (SPF PFS)

**Funded by the Substance Abuse and Mental Health Services Administration (SAMHSAs)
Center for Substance Abuse Prevention (CSAP)**

FUNDING OPPORTUNITY GRANT #1U79SP020767

INTRODUCTION

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Prevention (CSAP) has awarded the Virgin Islands Department of Health, Division of Mental Health, Alcoholism and Drug Dependency Services (DMHADDs), a five-year (2015 – 2020) Strategic Prevention Framework Partnerships for Success (SPF PFS) cooperative

agreement. The purpose of this grant is to assess, identify, implement and strengthen best-fit (evidence-based) prevention interventions that will improve substance use outcomes and achieve targeted community change. This program joins and builds on other territorial initiatives and prevention focused community efforts envisioning and pursuing health, safety, and success for all of the Virgin Islands children and adults.

The purpose of this RFP is to provide interested parties with information to enable them to prepare and submit a proposal for an epidemiological contract. There are four key principles of the SPF PFS: 1) *states and communities follow the Public Health Approach*, 2) *focus on outcome-based prevention*, 3) *follow a strategic planning process (SPF)*, and 4) *use data throughout the process to inform decisions*.

PERFORMANCE PERIOD

September 30, 2015 through September 29, 2020

PROJECT PURPOSE

To assess, identify, implement, and strengthen best-fit (evidence-based) prevention interventions that will improve substance use outcomes and achieve targeted community change.

OVERALL GRANT OBJECTIVES

Aligns with the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's (SAMHSA's) three goals which are to:

1. Promote emotional health and wellness, prevent or delay the onset of, and complications from, substance abuse and mental illness;
2. Prevent and reduce underage drinking and young adult problem drinking; and
3. Prevent and reduce prescription drug and illicit opioid misuse and abuse

USVI Grant Objectives | Priorities

Supports National (SAMHSA) Priorities of:

- Underage drinking among persons aged 12-20; and
- Prescription drug misuse and abuse among persons aged 12 to 25

USVI Priorities

- Underage alcohol use among persons aged 12-20
- Prescription drug misuse and abuse among persons aged 12 to 25

Additional USVI Data-Driven Prevention Priorities

- Suicide in youth and young adults
- Returning veterans and their families and prescription drug misuse
- Abuse among persons aged 12 to 25

Project Objective

Strengthen current infrastructure via providing capacity-building activities, tools, and resources

Project Objective at the Community Level

- Reduction of the number of new cases of underage drinking and young adult problem drinking
- Reduction of the number of new cases of prescription drug and illicit opioid misuse
- Reduction of the new cases of alcohol/substance use in children 14 years of age and under

Overarching Project Goals

- Promote emotional health and wellness, prevent or delay the onset of, and complications from, substance abuse and mental illness;
- Prevent and reduce underage drinking and young adult problem drinking;
- Prevent and reduce prescription drug and illicit opioid misuse and abuse

Over the years, the Virgin Islands Department of Health (DOH), community agencies, schools, and others have implemented many successful programs, primarily focused on individual behaviors. In spite of the success of these programs, alcohol consumption in the Virgin Islands remains at high levels and is a serious threat to the health and well being of Virgin Island targeted population.

* The Virgin Islands has determined that implementing evidence-based programs (EBPs) and practices as its core strategy for achieving the goals, priorities, and objectives of this grant award will address and promote: a) emotional health and wellness, prevent or delay the onset of, and b) complications from, substance abuse and mental illness. An effective EBP prevention approach refers to a set of prevention activities that evaluation research has shown to be. EBP is directed at population level change and uses the Strategic Prevention Framework (SPF) model as a part of comprehensive community prevention plans to complement current strategies needed; and will serve as the hallmark of services to be delivered under this RFP.

THE SPF MODEL

The strategic planning framework (SPF) is a community- based approach to substance abuse prevention that cuts across existing programs and systems. The SPF executes a data-driven, five-step process. Sustainability and cultural competence are woven throughout the five steps of the SPF and include:

- 1) Conducting needs assessments;
- 2) Building state and local capacity;
- 3) Developing a comprehensive strategic plan;

- 4) Implementing EBPs; and
- 5) Monitoring and evaluating program effectiveness.

The five steps of SAMHSA's Strategic Prevention Framework are designed to help communities build prevention competencies and the infrastructure necessary to implement and sustain effective prevention programs, policies and practices. For more detailed information on the SPF process, go to <http://prevention.samhsa.gov/about/spf.aspx>

TARGETED POPULATIONS

The targeted populations of the project include all genders and racial and ethnic backgrounds susceptible to:

- **Underage drinking** (aged 12 to 20);
- **Prescription drug misuse and abuse** aged (12 to 25);
- **Youth and young adults that may be at risk of suicide.**
- **Returning military Veterans and their families** struggling with substance abuse issues
- **Members of the LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer) youth** communities.

EPIDEMIOLOGICAL CONSULTANT SCOPE OF WORK

Scope of Work to Be Performed

This document outlines the scope of work to be performed during the contract period as the epidemiological consultant for the VI SPF PFS project. During the contract period, the contractor will perform as the technical and programmatic support for the VI SPF PFS. The Epidemiological Consultant will concentrate on developing and identifying health disparity information that meets the VI's needs for epidemiological and performance-related data, as well as assist meeting its Federal reporting requirements.

The contractor will also undertake the following:

1. Monitor and analyze Alcohol, Tobacco and Other Drugs (ATOD) trends in order to forecast emerging and current substance use-related priorities
2. Collection of new data to address previously identified data gaps
3. Dissemination of data products as directed by the State Epidemiological Outcomes Workgroup (SEOW) and communicate concerns related to ATOD use among Virgin Islands citizens across the life span.
4. Increase capacity to identify and collect new data sources to close current data gaps by providing training and technical assistance.
5. Identify and recommend diverse, credible, and measurable data dissemination products.
6. Expand the SEOW by identifying and recruit members to ensure the diversity of the workgroup membership, and build collaborative relationships with organizations and/or individuals that possess desirable but previously unfilled knowledge set within the workgroups
7. Develop a district level EPI Profile that directly aligns with the territorial profile;
8. Establish workshops throughout the district to teach building community data teams to assist the Territorial Level Organization (TLO) in the collection and analysis of required data;
9. Provide logistical assistance and leadership to the SEOW Chair in convening bi-weekly SEOW meetings, and to assist with the updating of the SEOW Charter;
10. Facilitate the updating of current strategic plans to ensure they are time-bounded to coincide with the SPF PFS; and contain long-term strategic outcome-oriented objectives and goals aligned with the national, territorial, and district levels and link with federally mandated short-term annual goals; state-level process measures (SPMs) and community-level process measures (CPMs) measures, Culturally and Linguistically Appropriate Service (CLAS) performance metrics and National Outcome Measures (NOMs);
11. Facilitate the completion of local summative and formative performance assessments

12. Facilitate the identification of credible data sources, data collection, data reporting, and the dissemination of progress/performance reports of SPF PFS activities throughout the territory;
13. Assist with the management of federal data reporting requirements and submissions;
14. Assist with outreach efforts to underserved sub populations (i.e., media, local advertisements, PSAs, etc.)
15. Work to develop collaborative partnerships with the Virgin Islands Department of Education to conduct the Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System Survey (BRFSS), and University of the Virgin Islands data collections efforts in an attempt to augment data gaps in SPF PFS federal data reporting requirements;
16. Provide overall support to the SPF PFS Director, Prevention Advisory Council (PAC), and its sub-workgroup's—Evidence-Based Workgroup and Capacity Building Workgroup.
17. Review health disparities information included in the SPF-PFS application.
18. Facilitate the use of data to: 1) identify subpopulations (e.g., racial, ethnic, sexual/gender minority groups) vulnerable to disparities; and 2) implement interventions to decrease the differences in availability of, access to, use of services, and health outcomes among these vulnerable subpopulations.
19. Descriptions of assurances that the following categories are addressed: 1) grantee-level measures for partnerships for success, and 2) sub-recipient community-level measures for partnerships for success.
20. Facilitate the development of the Health Disparities Impact Statement (DIS) that provides:
 - A. Documentation of how sub-populations experiencing behavioral health disparities are determined (e.g., what are the substance abuse prevention priorities to be addressed; explanations as to how high-need communities are defined; specific demographical data; and identification of data gaps and plans to close gaps on sub-populations that experience behavioral health disparities)
 - B. Descriptions of the overall policies, practices, and or programs that will be implemented to address the priority problems at the territorial and community levels.
 - C. Descriptions of specific strategies that will be implemented to address behavioral health disparities among identified sub-populations
 - D. Descriptions of the purpose and ultimate goal of implementation of the SPF, to include the methodology for the integration of the approach to prevent behavioral health disparities among identified sub-populations throughout each

step of the process

- E. Descriptions of the plan to develop and implement policies/procedures to ensure adherence to the enhanced CLAS. To include, but not be limited to:
- i. Increasing participation from sub-populations experiencing behavioral health disparities on advisory boards and workgroups;
 - ii. Developing strategic partnerships and collaborations with the goal of preventing behavioral health disparities among identified sub-populations; and
 - iii. Increasing the capacity and readiness of sub-recipient communities to prevent behavioral health disparities among identified sub-populations